Mr. Nedumangad R. Kesavan Nair: May I know the total amout of tax remitted as a result of the Dewan's announcement?

Mr. K. George: That is under calculation, and an accurate figure it is not possible to give.

Mr. Nedumangad R. Kesavan Nair: May I know the approximate amount?

Mr. K. George: It will be about a lakh or a lakh and a half.

The Demand was then put to vote and carried and the grant was made.

DEMAND II—MEDICAL.

Mr. K. P. Raman Pillai: Sir, I rise to move for a grant not exceeding Rs. 9,57,910, under Demand II—Medical Department.

Mr. K. M. Korah (*Vaikam, Kottayam and Changanacherry cum Peermade*): Sir, I rise to oppose the demand to draw the attention of the Government to the need for starting floating dispensaries in Kuttanad. Sir, in Kuttanad, the harvest begins in the middle of Kumbham and goes on till the middle of Medam. During this period, the labourers from different parts of the country come to Kuttanad and live in temporary huts built on the bunds themselves. There is scarcity of water, and the water available is bad. The whole atmosphere is unhealthy. Very often these labourers get contageous diseases like cholera. When such diseases break out, the agriculturists are put to very great difficulty in procuring medical aid. I therefore request the Government that floating dispensaries may be established at least during the period between the middle of Kumbham and the middle of Medam.

My next point is the urgent need for a dispensary at Manimala. This is a matter which has been agitated upon by the representatives of the people for the last many years. Now the people of Manimala have to go either to Kanjirapally or to Changanachery for their medical needs. They are put to very great inconvenience. I therefore request that a dispensary may be started at Manimala at an early date.

Then, Sir, there is no dispensary in any of the Kuttanad villages belonging to the Changanacherry taluk. If it is not possible for the Government to start rural dispensaries in these Kuttanad pakuthies of the Changanachery taluk, they should at least give grants to qualified doctors who come forward prepared to give rural medical aid for these people.

With these observations, I oppose the demand.

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Mr. P. R. Goda Varma Raja (*Edavagai*): Sir, I oppos the demand mainly on the ground that this department has not provided adequately for medical relief for the rural parts in the hilly tracts of the country where, during monsoon, many diseases are prevalent. There is no doubt that some of the towns in the State get some medical relief. But they are not of any use to the rural population, especially those in the hilly tracts. The dispensaries are now very far off from the hilly parts of the State. As a matter of fact, Sir, it was after considerable effort on our part that we got a bi-weekly dispensary established at Poonjar. The doctor of the Lalam hospital is expected to visit this dispensary twice a week. In the rainy season it is very difficult for him to cross the river at Erattupetta where two rivers meet. Due to lack of sufficient communication it is very difficult for the doctor to come to Poonjar. The figures mentioned in the Government publications will show that there is a large number of patients who attend this bi-weekly dispensary. It has now become absolutely necessary to convert it into a daily dispensary. I hope the Government will take the matter into their serious consideration and save the people from the difficulty and trouble of having to go to distant places to get medical relief.

I would in this connection urge the need to provide cheaper medical aid by encouraging Ayurveda which is comparatively cheaper and more efficient so far as the masses in Travancore are concerned. If, instead of the fabulous amounts now being spent on the importation of foreign medicines, a small portion of it is diverted towards the encouragement of Ayurveda and other indigenous systems of medicine like the Sidha system, more people can be served at a cheaper cost. The herbs are grown here, and it is very easy to prepare the medicines; only, we have to organise the department of Ayurveda on modern lines and remodel it to cope with modern conditions. I hope the Government will give due consideration to this very important question. With these observations, I resume my seat.

Mr. Sultan Muhiadeen (*Trivandrum and Nadumagad* cum *Chirayinkil*): സർ, പാവപ്പെട്ട ആളുകളെ ഉദ്ദേശിച്ചാണല്ലോ ഇവിടെ ധാരാളം ആശുപത്രികൾ സ്ഥാപിച്ചിട്ടുള്ളത്. ഏതെങ്കിലും ആശുപത്രികളിൽ മരുന്ന് തീർന്നുപോയാൽ ഇൻഡന്റ് അയച്ച് വളരെ ദിവസം കഴിഞ്ഞാലും സ്റ്റോറിൽ നിന്നും മരുന്ന് അയച്ചു കൊടുക്കുന്നില്ല എന്നുള്ള സംഗതി ഇവിടെ പ്രത്യേകം പ്രസ്താവിക്കേണ്ടിയിരിക്കുന്നു. എന്തെങ്കിലും ഒരു രോഗം വന്നാൽ അതിന് അവശ്യം ചേർക്കേണ്ട എല്ലാമരുന്നുകളും ചേർത്തു കൊടുത്തില്ലെങ്കിൽ ആ രോഗം ഏതു

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[Mr Sultan Muhiadeen]

വിധത്തിൽ ഭേദമാകുമെന്നു മനസ്സിലാകുന്നില്ല. ഇങ്ങനെ ആശുപത്രികളിൽ മരുന്നില്ലാതെ വരുന്നതു സാധുക്കളെ സംബന്ധിച്ചടത്തോളം വളരെ സങ്കടകരമായ ഒരവസ്ഥയാണ്. ധനവാന്മാർക്കാണെങ്കിൽ ഒരു പക്ഷേ മരുന്നില്ലാ എന്നുവന്നാൽ തന്നെയും അവരുടെ പണം കൊടുത്തു മരുന്നുള്ള സ്ഥലത്തുനിന്നും വിലക്കു വാങ്ങിയെങ്കിലും സുഖക്കേടു ഭേദപ്പെടുത്താൻ സാധിക്കും. പാവപ്പെട്ടവർക്കു മരുന്നുകൊടുക്കാതെ മരുന്നിന്റെ പേരു കുറിച്ചു കൊടുത്തതുകൊണ്ടു ഒരു വിശേഷവുമില്ല. അതിനാൽ ആശുപത്രികളിൽ മരുന്നുകൾ അയച്ചുകൊടുക്കുന്ന വിഷയത്തിൽ ഗവണ്മെന്റു കൂടുതൽ ശ്രദ്ധ പതിപ്പിക്കുമെന്നു ഞാൻ വിശ്വസിക്കുന്നു.

മുസ്ലീം സ്ത്രീകൾ, സാധാരണ ഘോഷാ സമ്പ്രദായം അനുഷ്ഠിച്ചു വരുന്നവരാണ്. അതുകൊണ്ടു അവർക്കു എന്തെങ്കിലും സുഖക്കേടുവന്നാൽ പുരുഷന്മാരായ ഡാക്ടർമാരുടെ അടുക്കൽ പോകുന്നതിനു അവർ വളരെ വൈമനസ്യം കാണിക്കുന്നുണ്ട്. പ്രധാന മുസ്ലീം പട്ടണങ്ങളിലെ ആശുപത്രികളിലെല്ലാം മുസ്ലീം സ്ത്രീകളുടെ ആവശ്യത്തിനായി ലേഡി ഡാക്ടറന്മാരെ നിയമിക്കണമെന്നു ഞാൻ ഗവണ്മെന്റിനോട് അവശ്യപ്പെട്ടുകൊള്ളുന്നു.

Mr. Nedumangad R. Kesavan Nair : ലേഡി ഡാക്ടർ ഇല്ലാത്ത മുസ്ലീം പട്ടണം ഏതാണെന്ന് മെമ്പർക്കു പറയാമോ?

Mr. Sultan Muhiadeen : കായംകുളത്തില്ല.

അടുത്തതായി ഞാൻ പറയാൻ വിചാരിക്കുന്നതു മെഡിക്കൽഡിപ്പാർട്ടുമെന്റിൽ മുസ്ലീമിങ്ങളുടെ പ്രാതിനിധ്യത്തെപ്പറ്റിയാണ്. ഏകദേശം മൂന്നുനാലുമാസക്കാലത്തിനുമുമ്പു വരെ മുസ്ലീമുദ്യോഗാർത്ഥികൾക്കു മെഡിക്കൽഡിപ്പാർട്ടുമെന്റിൽ പ്രാതിനിധ്യമെ ഉണ്ടായിരുന്നില്ല. മൂന്നുനാലുമാസത്തിനു മുമ്പു എങ്കിലും ഒരു മുസ്ലീം മെഡിക്കൽ ഗ്രാഡുവേറിനെ ആദ്യമായി നിയമിക്കുന്നതിൽ ഞങ്ങൾക്കു വളരെ സന്തോഷമുണ്ടു, ഇപ്പോൾ മെഡിക്കൽ ഡിപ്പാർട്ടുമെന്റിൽ ഉദ്യോഗത്തിനു യോഗ്യതയുള്ള മുസ്ലീമുദ്യോഗാർത്ഥികൾ തിരുവിതാംകൂറിൽ ധാരാളമുണ്ടെന്നു ഡിപ്പാർട്ടുമെന്റധ്യക്ഷനുതന്നെ അറിയാം. അതുകൊണ്ടു ഇപ്പോൾ ഉദ്യോഗത്തിലിരിക്കുന്ന മുസ്ലീം ഡാക്ടരെ വേണ്ടവിധത്തിൽ പ്രോത്സാഹിപ്പിക്കയും യോഗ്യതയുള്ള മുസ്ലീം മെഡിക്കൽ ഗ്രാഡുവെറ്റ്സിനെ മെഡിക്കൽ ഡിപ്പാർട്ടുമെന്റിൽ നിയമിക്കുകയും ചെയ്യണമെന്നു ഞാൻ അഭ്യർത്ഥിച്ചുകൊള്ളുന്നു.

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Mr. Kochikal P. Balakrishnan Tampi : Sir, I rise to support the demand. With your permission I will refer to the very valuable work done by the Sugeon-General who just now left us, Dr. James Simpson. All the non-official members are united in in the view that in him we had a very able Surgeon General who went about his business without any bossing, who knew his work and who had academic qualifications also to do the work. I am also glad, Sir, that after all the Government have recognized that well qualified Indians are as good as Europeans to do the work of the Surgeon-General and especially on the appointment of Dr. (Mrs.) Lukose. I am also glad that another Doctor is in our midst to deputise for the permanent Surgeon-General.

As a member representing Alleppey I am grateful to the Government for opening the Mullakkal dispensary which has proved to be one of the most popular dispensaries in the State. I am told that daily on an average there are more than 300 or 400 patients going to that dispensary.

In this connection, Sir, I wish to point out that Government must try some sort of honorary system as is tried by the Government of Madras. There is no point in increasing the salary of the doctors already in service when they are allowed to have private practice. If they are able men, certainly they will have private practice and it is really very lucrative in this line. On the other hand there are scores of qualified doctors now who find that they are not given any help or encouragement by the medical men in service. There is some sort of professional jealousy at work. They are not allowed to be taken as honorary doctors in hospitals. They are not given any fecilities to attend hospitals or gain experience. It would be a wise thing hereafter not to appoint new doctors at all in the service, but to take in honorary doctors and give them some honorarium which will be a little more than the one granted in Madras. In that way we will be giving help to a body of well-qualified and competent private doctors in the State.

I also repeat the request for a hospital in Kuttanad, not only a hospital but also a few dispensaries. Sir, Kuttanad is a region by itself. The people there are practically amphibious. Without any exaggeration I may say that. It is a very peculiar place and it is only proper that somewhere in the centre of Kuttanad there should be a full-fledged hospital with dispensaries all round. Champakulam or Edathua may be chosen for the sight of a central hospital. With these words I support the demand.

Messrs. T. K. Kitten and Nedumangad R. Kesavan Nair both stood in their seats to speak.

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President : Order, order. The system that I have adopted and which I propose to adopt is for the leaders of the various parties to give me, as soon as a demand is taken up, a list of the honourable members belonging to their respective parties, who wish to speak on that particular demand. Then I will ask them in turn to speak. That will conduce to convenience.

Mr. T. K. Kitten : സർ, കോട്ടയം പട്ടണം കോട്ടയം ഡിവിഷന്റെയും കോട്ടയം താലൂക്കിന്റേയും തലസ്ഥാനമാണ്. അവിടെ ഒരു ആശുപത്രി ഉണ്ട്. അതൊരു ആശുപത്രി എന്നു പറയാൻ കൊള്ളാമെന്നല്ലാതെ അതുകൊണ്ടു കാര്യമായ പ്രയോജനം ഒന്നുമില്ല. തിരുവനന്തപുരത്തു വന്ന് ആശുപത്രികളും മറ്റു സൌകര്യങ്ങളുമെല്ലാം കണ്ടിട്ടു തിരിയെ വീട്ടിൽ പോകാൻ പോലും മനസ്സ് വരുന്നില്ല. കൊല്ലത്തുവന്നു നോക്കിയിട്ടും അങ്ങിനെതന്നെ. കോട്ടയംകാരോടു മാത്രം ഗവണ്മെന്റിനു ഇത്ര ദ്വേഷം തോന്നാൻ കാരണമെന്താണെന്നു എനിക്കു മനസിലാകുന്നില്ല. അതിനാൽ ഈയാണ്ടിൽതന്നെ കൊല്ലം ആശുപത്രിയ്ക്കുള്ളമാതിരി കെട്ടിടങ്ങളും സാധനസാമഗ്രികളുമെല്ലാം കോട്ടയം ആശുപത്രിയ്ക്കും ഉണ്ടാക്കി തരണമെന്നു ഞാൻ അപേക്ഷിക്കുന്നു. ഞങ്ങളെ ഇങ്ങനെ തരം താഴ്ത്തി ഇട്ടിരിക്കുന്നതു തലസ്ഥാനനഗരിയിൽ നിന്നും ഞങ്ങൾ വളരെ ദൂരെ ആയതുകൊണ്ടായിരിക്കാം. കോട്ടയം ജനസംഖ്യയിലും മുതലെടുപ്പിലും വിസ്തീർണ്ണതയിലും കൊല്ലത്തെ അപേക്ഷിച്ചു ഒട്ടും പിന്നോക്കമല്ല. ആ സ്ഥിതിക്കു കൊല്ലം ആശുപത്രിയിലുള്ളമാതിരി സൌകര്യങ്ങൾ എല്ലാം കോട്ടയത്തും ചെയ്തു തരേണ്ടതാണ്.

കോട്ടയം ആശുപത്രിയിൽ സ്ത്രീകൾക്കു പ്രസവിച്ചു കിടക്കാനുള്ള സൌകര്യം തീരെയില്ല. അവിടെ നിന്നും പ്രസവത്തിനായി തിരുവനന്തപുരംവരെ വരിക എന്നുള്ളതും അത്ര എളുപ്പമല്ല. വഴിച്ചിലവിനുള്ള പണത്തിനു പോലും നിവൃത്തിയില്ല. അതുകൊണ്ട് ഈ സംഗതിയിലും ഗവണ്മെന്റിന്റെ ശ്രദ്ധ പ്രത്യേകം പതിയേണ്ടിയിരിക്കുന്നു.

ആശുപത്രികളിൽ ഔഷധികഠം രണ്ടോ മൂന്നോ മാസം കഴിയുമ്പോഠം തീർന്നുപോകുന്ന ഒരു പതിവാണ് ഇപ്പോഠം കാണുന്നതു്. അതു കഴിഞ്ഞാൽ പിന്നീടു ഡാക്ടർമാർ മരുന്നു കുറിച്ചു കൊടുക്കയാണു സാധാരണ പതിവു്. പണക്കാർക്കു കുറിച്ചു കൊടുത്താൽ അവർ വല്ല സ്ഥലത്തുംചെന്നു മരുന്നു വാങ്ങിച്ചു കൊള്ളും. സാധുക്കൾക്കു മരുന്നു കുറിച്ചുകൊടുത്താൽ അവർ എന്തു ചെയ്യും? അതുകൊണ്ടു പാവപ്പെട്ടവർക്കു ഔഷധികഠം വരുത്തിക്കൊടുക്കാൻ വേണ്ട ഏർപ്പാടു ചെയ്യണം. ധനവാന്മാരിൽനിന്നും മരുന്നിനു വില വാങ്ങിച്ചാലും തരക്കേടില്ല.

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ൻപതരലക്ഷം രൂപായാണ മെഡിക്കൽ ഡിപ്പാർട്ടമെൻറിലെ ചിലവിനു ചേർത്തിരിക്കുന്നതു്. ഇതിൽ രണ്ടുലക്ഷം രൂപയാണു മരുന്നുകളും ശസ്ത്രക്രിയാസാമഗ്രികളും വാങ്ങിക്കുന്നതിനായി ചേർത്തിട്ടുള്ളതു്. അതുകൊണ്ടു മരുന്നുകളുടെ ആവശ്യത്തിനു പണം മതിയാവുകയില്ല. കൂടുതൽ പണംമരുന്നുകൾ വാങ്ങിക്കുന്നതിനായി അനുവദിക്കേണ്ടതു് അത്യാവശ്യമാണു്.

Mr. Kalloor Narayana Pillai: ഈ ഡിമാൻറിനെ ഞാൻ എതിർക്കുന്നു. തിരുവിതാംകൂറിൽ ഏതാണ്ടു കൊല്ലങ്ങളായി മലമ്പനി സാർവത്രികമായി പിടിപെട്ടുകൊണ്ടിരിക്കുന്നതായി കാണാം. ഇതു തിരുവിതാംകൂർ ഗവണ്മെൻറിൻെറ പ്രസിദ്ധീകരണങ്ങളിൽത്തന്നെ സമ്മതിക്കപ്പെട്ടിട്ടുള്ള ഒരു സംഗതിയാണു്.

President: Order, order. In giving the names, it will be useful if each party gave the names of three members for ordinary grants. If there is time I will allow more members to speak.

Mr. Kalloor Narayana Pillai: മെഡിക്കൽ ഡിപ്പാർട്ടമെൻറിലെ കഴിഞ്ഞ വർഷത്തെ അഡ്മിനിസ്ട്രേഷൻ റിപ്പോർട്ടു നോക്കിയതിൽ ഈ രാജ്യത്തു തന്നാണ്ടിൽ [illegible] ആളുകൾക്കു മലമ്പനി രോഗം ബാധിച്ചിട്ടുള്ളതായി കാണുന്നു. മലേറിയാ നിവാരണത്തിനായി ഗവണ്മെൻറു പലപ്രകാരത്തിലുള്ള ശ്രമങ്ങളെല്ലാം ചെയ്തിരുന്നിട്ടും ഈ രാജ്യത്തിൻെറ മൊത്തമുള്ള ജനസംഖ്യയുടെ ഇരുപത്തിയഞ്ചിൽ ഒരു ഭാഗം ആളുകൾക്കു ഈ രോഗം ബാധിച്ചിരിക്കുന്നു. അതുപോലെ "വയറുകടി" എന്ന രോഗവും ഇവിടെ ഒട്ടുംകുറവല്ല. കഴിഞ്ഞ യാണ്ടിൽ [illegible] പേർക്കു വയറുകടി ഉണ്ടായിട്ടുണ്ടു്. ഈ രണ്ടു രോഗങ്ങളും പകരുന്നവയാണു്. ഇപ്രകാരമുള്ള രോഗങ്ങൾ ഉണ്ടാകാതിരിക്കത്തവണ്ണം എന്തെങ്കിലും മാർഗ്ഗങ്ങൾ കണ്ടുപിടിക്കേണ്ടതാകുന്നു. വയറുകടി രോഗം അധികം ബാധിക്കുന്നതു സമ്പൽക്ഷയം നിമിത്തം ആഹാരാദികൾക്കു വിഷമം നേരിടുന്ന സാധുജനങ്ങളുടെ ഇടയിലാകുന്നു. ഈ കാര്യത്തിൽ ഗവണ്മെൻറിൻെറ സത്വരമായ ശ്രദ്ധ ഉടനടി പതിയേണ്ടതാണു്.

ഈ രാജ്യത്തുള്ള ഡിസ്പെൻസറികളിൽ കാലാകാലങ്ങളിൽ ഔഷധങ്ങൾ എത്തിച്ചുകൊടുക്കുന്ന കാര്യം മിക്കവാറും കുഴപ്പത്തിലാണു കാണുന്നതു്. ഇക്കഴിഞ്ഞ മേടമാസത്തിൽ പത്തനംതിട്ട ഡിസ്പെൻസറിയിൽ കുറച്ചു് "അയിഡിൻ" എടുക്കുന്നതിനു നിവർത്തിയില്ലാതെ വന്നു. ഞാൻ പ്രത്യേകം ഒരു ലറ്ററും കൊടുത്തു ഒരാളിനെ അയച്ചു. എൻെറ ലറ്റർ

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[Mr. Kalloor Narayana Pillai.]

റിനെ ആട്ടരിച്ചു സ്വല്പം അയഡിൻ കൊടുത്തയക്കാമെന്നു പറഞ്ഞു ഡാക്ടർ കുറച്ചു കൊടുത്തയച്ചു. സാധാരണയായി വർഷാവസാനം അടുക്കാറാകുന്നതോടുകൂടി മരുന്നുകഠം മിക്കവാറും തീർന്നുപോകുന്നതായിട്ടാണു കാണുന്നതു്. രാജ്യത്തു എത്രയധികം ഡിസ്പെൻസറികഠം സ്ഥാപിക്കാൻ കഴിയുമോ അത്രയും സ്ഥാപിക്കേണ്ടതാണു്. ഡാക്ടറന്മാക്കു പ്രമോഷൻ കൊടുക്കേണ്ട കാര്യമുണ്ടെന്നു തോന്നുന്നില്ല. അവക്കു ഒരു സ്റ്റെയിലനുസരിച്ചു—അതു പരീക്ഷായോഗ്യതയെ അടിസ്ഥാനപ്പെടുത്തി ശമ്പളം നിശ്ചയിക്കുന്നതിനു വിരോധമില്ല—അതായതു—എം. ബി. ബി. എസ്. പാസായവക്കു ഫ്രം ഠ രൂപാ, എൽ. എം. പി. പാസായവക്കു നു ൦ രൂപാ എന്നിങ്ങനെ ഒരു സ്റ്റെയിൽവച്ചു—മുരുങ്ങിയ ഒരു ശമ്പളംമാത്രം കൊടുത്താൽ മതിയാകുന്നതാണു്. അവക്കു പ്രൈവറായ പ്രാക്ടറീസുണ്ടു്. കൂടുതൽ സാമർത്ഥ്യമുള്ളവക്കു കൂടുതൽ പണം കിട്ടാനും വഴിയുണ്ടു്. ഇതിനുംപുറമെ തിരുവിതാംകൂറിൽ, എം. ബി ബി. എസ്സു. പാസായി ജോലിയൊന്നുമില്ലാതെ നിൽക്കുന്ന നൂറിഅൻപതോളം ഡാക്ടറന്മാരുണ്ടു്. അവരെക്കൊണ്ടു റൂറൽ ഡിസ്പെൻസറികഠം സ്ഥാപിപ്പിക്കുകയും ഗവണ്മെൻറു അതിലേക്കു അൻപതൊ നൂറൊ രൂപാ ഗ്രാൻറു കൊടുക്കുകയും ചെയ്താൽ അതു നാട്ടിനും അവക്കും ഒരുപോലെ പ്രയോജനമുള്ള ഒരു കാര്യമായിത്തീരും. ഈ കാര്യം ഞാൻ ഇതിനുമുൻപും ഇവിടെ പ്രസ്താവിച്ചിട്ടുണ്ടു്. എന്റെ സ്നേഹിതൻ മി. ബാലകൃഷ്ണൻതമ്പി പ്രസ്താവിച്ചതുപോലെ ഓരോ ഡിസ്പെൻസറിയിലും ഇപ്രകാരം പരീക്ഷായോഗ്യതയോടുകൂടി ഇരിക്കുന്ന തൊഴിലില്ലാത്ത ഡാക്ടറന്മാരെ കുറെക്കാലം ചികിത്സ നടത്തുവാൻ മുമതലപ്പെടുത്തുന്നപക്ഷം അവക്കു സാമാന്യം നല്ല പരിശീലനം ആ വിഷയത്തിൽ കിട്ടുന്നതിനു ഇടവരും. പിന്നീടു അവക്കു റൂറൽ ഡിസ്പെൻസറികഠം നടത്തിക്കൊണ്ടുപോകുന്നതിനു നിഷ്പ്രയാസം സാധിക്കുകയും ചെയ്യും.

അവസാനമായി എനിക്കു പറയാനുള്ളതു ചെങ്ങന്നൂർ ആശുപത്രിയെ സംബന്ധിച്ചാണു്. ഈ രാജ്യത്തു ആകെ ഫ൦ ഡിസ്പെൻസറികളാണുള്ളതു്. അവയിൽ കൂടുതൽ പ്രയോജനമുള്ള ചേർത്തല, മാവേലിക്കര, തിരുവല്ലാ എന്നീ ഡിസ്പെൻസറി ആശുപത്രികളിൽ യഥാക്രമം ൪൫,൨൭൦ ഫ-ം, ൪൦,൬൫൯-ം, ൪൫,൯൬൨-ം ആളുകളെ ചികിത്സിച്ചുവരുന്നതായി കാണുന്നു. എന്നാൽ ഈ മൂന്നാശുപത്രികളെ അപേക്ഷിച്ചുനോക്കുമ്പോഠം ചെങ്ങന്നൂർ ഡിസ്പെൻസറിയിലെ രോഗികളുടെ സംഖ്യ ഒട്ടുംതന്നെ പിന്നോക്കം നിൽക്കുന്നില്ലെന്നു കാണാവുന്നതാണു്.

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കഴിഞ്ഞകൊല്ലം അവിടെ ഇന്നു,ന്നു ഫ വു പേരെ ചികിത്സിച്ചിട്ടുണ്ട്. ഇങ്ങനെ മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറിന്റെ അഡ്മിനിസ്ട്രേഷൻ റിപ്പോർട്ടുകൊണ്ടു ചെങ്ങന്നൂർ ഡിസ്പെൻസറിയെ ഒരു ഡിസ്ട്രിക്റ്റ് ആശുപത്രിയാക്കി ഉയർത്തേണ്ട ആവശ്യം ഉണ്ടെന്നു കാണാവുന്നതാണ്. ഇക്കാര്യം സർജൻ ജനറൽ ഗവണ്മെൻറിലേക്കു ശുപാർശ ചെയ്യുമെന്നു ഞാൻ വിശ്വസിക്കുന്നു.

Mr. M. S. Anirudhan: Sir, I like to offer a few remarks on this demand. The Alleppey hospital has been brought to the notice of Government and its needs are not sufficient to meet the requirements. There are not sufficient beds or doctors or appliances. It is one of the most thickly populated places in Travancore. It is one of the primary duties on the part of Government to enlarge the Alleppey hospital. We have been appealing to Government for a maternity hospital and the Government have already conceded the necessity for opening a maternity hospital but it is unfortunate that nothing has been done as yet in the matter.

A word about the Kalavoor dispensary. It was after many memorials and deputations by the Kalavoor people that a dispensary was established there. It remained there for some time. But unfortunately the dispensary has been removed to Chettikad, 4½ miles away from Kalavoor, just to oblige a private gentleman who was able to provide a building rent free. In answer to an interpellation put by me, the Surgeon General said that the dispensary has been removed from Kalavoor, for the reason that suitable buildings were not available. Kalavoor is a place where suitable buildings are available if the Government had made an attempt to take a building on rent. Presumably, what the Surgeon-General meant was that no suitable building was available rent-free. From this it has to be understood that if the people of Kalavoor want a dispensary they must pay for the rent. This is really very unfortunate. Under the circumstances I would appeal to the Government to shift the dispensary again to Kalavoor and a building may be either put up or one may be rented.

I would urge upon Government the necessity for putting up more rural dispensaries. Medical aid obtaining in the villages is very poor in quality. No facilities are obtained in the dispensaries. I am in full agreement with the honourable member Mr. Korah in establishing floating dispensaries at Kuttanad during harvest season.

Mr. Nedumangad R. Kesavan Nair: Sir, I also support the demand. In doing so I would bring to the attention of the Surgeon General certain important necessities. As a result of the

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[Mr. Nedumangad R. Kesavan Nair.]

representations that were made to the head of the administration and representations made on the floor of the House, a temporary dispensary was sanctioned at Kattakada last year. It was conceded in the Medical Department Administration Report for the year 1112, that there was a terrible outbreak of malaria towards the close of that year at Kattakada. A temporary dispensary was opened there and it is continuing even now. After the temporary dispensary came into existence many patients are treated there for malaria and also for other diseases. In Kumbham 1113, the attendance of patients was something like 4157. During that time other patients were also treated. For the subsequent months, the attendance was on the increase. I understand that, during the last Edavam, the attendance was 5109 patients. It has been brought to my notice that, there is an attempt on the part of some members to see that the temporary hospital that was kindly sanctioned there is stopped. It seems there is a Salvation Army hospital at Kattakada. A petition has been received from them to the effect that they are prepared to undertake the treatment of patients, provided, the expenses that are incurred for this hospital is given to the Salvation Army as grant and thereby attempts at stopping that temporary dispensary are made. This is what I gather now from the state of affairs existing there. Probably a petition to that effect might have come to Government also from the Salvation Army hospital. I am told now that the Surgeon General had been to Kattakada last Sunday along with Dr. Noble, to enquire into the matter. I do not know how far that information is correct. If there is any such idea and if there is any truth in such a petition being sent, I request Government to understand the real position. No patient goes unattended in the new hospital. But, in the Salvation Army hospital there is some sort of compulsion imposed on all patients before they are treated. He has to go to the prayer hall before he is being treated for his disease. There is some payment to be made by a patient. It is otherwise called "Kanikkai". I am speaking all this with reference to the Salvation Army hospital. If these two things are done probably the Salvation Army hospital may be treating the patients gratis. After the advent of the temporary hospital run by the Government I do not understand the reason why it should be abandoned for the sake of the Salvation Army hospital. I request the new Surgeon General to go into the records of daily attendance registered in the Kattakada hospital. I may also inform the House that the Director of Public Health has also visited the place as a result of memorials sent to him. Before the matter is disposed of, I request the Surgeon General to get the

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proper figures of attendance and if those figures justify the continuance of the hospital, let it be continued there. No amount of the rival organisations' prayers should be allowed to stand in the way of the continuance of the hospital.

A word about the Vidura Hospital. It was established there during the time of Dewan Sir Mahomed Habibullah. He visited the place and found the necessity therefor. It was then established as a permanent measure. Then, there was a midwife too. Subsequently the hospital was stopped. Then it began as a tri-weekly hospital without the medicine. Memorials were sent for the conversion of the tri-weekly hospital to a daily one. The Director of Public Health inspected the place. If the Government will be pleased to call for the figures of attendance in the hospital, they will be convinced of the necessity of continuing a hospital there as a daily dispensary.

I turn my attention to the General Hospital. In reply to a question sent by Mr. Anirudhan, last Makaram, namely, whether the beds in the General Hospital were full of bugs. Dr. Simpson said that there was nothing of the kind. Sir, I am sorry I have to challenge that fact. There is not a single bed in the hospital that is not without an army of bugs. I am personally convinced of that fact since I have seen it. I questioned the Medical Officers also in the matter. I do not want to mention their names. In the open House the Surgeon-General said that there are no bugs in the beds. He also admitted that if there are bugs they will act as carriers of diseases. At least that point was conceded by the Surgeon-General. But he did not concede that the beds contain a good number of bugs. If the admission of the Surgeon General that bugs could act as carriers of diseases is right, it is really hard for the unfortunate patients. If the head of the administration goes to the hospital it may not be difficult for him to see the bugs. The Government should take proper steps in the matter. I may say that there is not a single iron cot without bugs.

President: The honourable member will please try to conclude.

Mr. Nedumangad R. Kesavan Nair: I have only to say one point.

President: The honourable members will remember that unless the head of the department gets at least 15 or 20 minutes to answer the points raised in the course of discussion, it would not be satisfactory to the members who raised them.

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Mr. Nedumangad R. Kesavan Nair: One point more and I am done. In answer to another question, the Surgeon-General said that there were 231 beds in the General Hospital. But the patients admitted on 25-5-13 would show that their number was 494 with the result that more than two hundred patients were allowed to lie on the floor. Four new wards have been constructed, but the patients were lying on the floor in spite of that. I leave the matter there for the House to draw the inference.

One word about the Lunatic Asylum. I had either the good fortune or misfortune, some two months back, to visit the hospital. I found a number of lunatics there being allowed to go their own way. There I went to the ferocious ward where I saw a lunatic continuing to jump to his utter satisfaction. I am sure even now he will be seen jumping if he has not been liberated from that institution. He was found continually jumping with the result that his body has been considerably reduced. I asked the authorities what kind of medicine was given him. My information was that no medicine was given to that lunatic for the matter of that no medicine is given to any lunatic. I do not know *materia medica*. Some medicine could have been administered by the doctors. Some sort of treatment at least could have been given. But one thing I may say and that is that there is nobody to represent their case here. That particular lunatic was allowed to continue there in that fashion. That shows a sad state of affairs to say the least of it.

Mr. A. Easwara Pillai: Sir, I support the demand. It is a well-known fact that long before the expiry of the year, medicines in the hospitals run out. Scarcity of medicine is a common plea in all the hospitals in the State. If the medical officers were asked about the matter, they will simply say that medicines have run out. I attribute this to two reasons. Either there is leakage from the medicine in stock or there is shortage of supply of medicine. If the former is the case, I request the Surgeon General to make a searching enquiry into the matter. If the latter is the case, I ask the Surgeon General to come to this House and demand a larger amount for purchasing larger quantity of medicine. My impression is the allotment of 2 1/2 lakhs of rupees for medicine and surgical appliances and instruments will not be sufficient. This House will be willing to grant a reasonable amout for this purpose.

It is usually said that the number of hospitals in the State is not sufficient. In some taluks, there are hospitals; in some others, there are dispensaries. I ask the Government, why this invidious distinction is made. Government should treat all the citizens alike.

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Medical aid is an absolute necessity for all people whether they live in cities or villages. In some places Government have munificently given hospitals. In Kottarakara there is a dispensary for the whole taluk. Kottarakara is a crowded place but the dispensary is in a miserable condition. It is put up in a rented building which is on the verge of dilapidation and ruin. It cannot be characterised as a dispensary at all. It is more or less a cowshed. No beds are provided for in-patients. People will shudder to go into such a filthy dispensary. If the Government cannot find their way to improve its condition it may be desirable to abolish the filthy establishment. A few years' rent for that ruined building will be sufficient to construct a decent hospital in the place. I request the Government to bestow proper attention in the matter and elevate the dispensary into a first grade hospital.

Mr. R. V. Thomas: I rise to oppose the demand just to point out that there is widespread corruption among the subordinate staff of the department. I know that as a matter of fact and I even have personal experience. I can point out one or two places in my own constituency. I do not quarrel with the Medical Officers in charge of the institution. But it is the compounders, who are directly responsible for disbursing the medicine, that extract money from the people. In one case they actually threatened a patient by saying "we are the custodians of your lives and unless we compound all the medicines as prescribed by the Medical Officer, you will be put to death". There is a widespread impression in the land that unless we go to the hospital with money in our pockets there is absolutely no necessity for going to the hospitals. I want to bring this fact to the notice of the Surgeon-General so that he may take proper action if individual cases of curruption are brought to his notice. Unless severe punishment is given, corruption will be going on.

I wish to speak about a hospital at Meenachil. In point of strength of attendance the District Hospital at Lalom stands in the first rank. There are two Medical Officers. One is a Sub-Assistant Surgeon who has to attend to the dispensary at Poonjar, a bi-weekly dispensary, and therefore the Lalom hospital has not got the benefit of two full time officers.

President: Order, order. The honourable member has exceeded his time.

Mr. K. P. Raman Pillai: From the speech of many of the honourable members I find that there is a common complaint about the medicine supply. The amount allotted this year for European drugs is Rs. 2 lakhs. It includes medicines, appliances, and all such things. We are supplying all the institutions as much drugs as possible. Medical Officers, on the first of Edavam of

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[Mr. K. P. Raman Pillai.]

every year, calculate the requirement for the year and send the indent. The calculation is made not for one year but for 18 months, so that even if it happens that the supply reaches them a little late, the medicine should not run short in the 12 months. That is the idea why we give 18 months' supply. In some cases we give even 21 months' supply. In addition to that the Medical Store is ever ready to supply medicine as much as possible when required by the Medical Officers. One honourable member said that medicine is not supplied to hospitals for a long period when asked for. The department has to deal with 100 or 150 medical institutions. Sometimes it may take one month for the medicine to reach particular areas. No undue delay is caused for the supply of medicines. As I said before, the quantity of the medicine depends upon the requirements of the hospital.

Mr. Nedumangad R. Kesavan Nair: May I know which are the 150 institutions ?

Mr. K. P. Raman Pillai: Hospitals and dispensaries together will come to more than 100. We always take care to see that the institutions are supplied with as much medicines as possible. But you cannot expect the Government to supply all drugs in the pharma copia to a hospital. Suppose, for instance, a man in Koothattukulam requires 100 tubes of salvarsan. We will not be able to supply that from the stores. But all reasonable demands will be met with. There are institutions which have come to my notice from where such demands have been made. Reasonable demands are always complied with.

Then about the distribution of dispensaries. Many honourable members have been talking about the distribution of dispensaries. Government would like to give one dispensary each at the door of every citizen. But it is not within the reach of Government to do that. Government have undertaken the work of re-distribution of the hospitals and dispensaries of the State. When this scheme is finished, I hope, the taluks, especially in North Travancore, will have sufficient opportunity of getting reasonable medical aid.

The honourable member Mr. Kittan was speaking about the Kottayam District Hospital. That hospital is housed in an old dwelling house. Government have made several improvements and it now accommodates nearly 80 patients. Recently, two gentlemen have come forward with a donation of Rs. 15,000 for putting up a pucca building. Government are thinking of constructing a good hospital there. Under the new reorganisation scheme, I can assure that the Kottayam District Hospital is going to be a pucca hospital. But the people will have to co-operate with Government and supply the needs.

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In the north of Kottayam, in Muvattupuzha and other places, we expect to give one or two good hospitals by raising the existing District Hospitals into big hospitals. Dispensaries will be so arranged as to serve as feeders to these hospitals.

The honourable member Mr. Raja demanded that Poonjar dispensary must be converted into a daily dispensary. Even now there are not sufficient number of patients, and I doubt whether it will pay the trouble for raising it into a Daily Dispensary. Anyhow we will look into the matter when the reorganisation scheme is taken up.

Now I come to the question of medical aid in Kuttanad. Certainly a moving dispensary is desirable. But I may ask the big agriculturists of Kuttanad just to look at what is taking place in the estates in the hills. They are having their own dispensaries for treating their coolies. I would ask the big agriculturists of Kuttanad to give temporary medical aid to their coolies who come to them during the harvest season. After all, it is only for two months. Government are prepared to give as much help as possible. But I do not know whether people are justified in asking the Government to shoulder the whole burden for the sake of the rich agriculturists there.

Mr. K. M. Korah: May I know from the member whether he is aware that the agriculturists there are not in a position to contribute anything to the State?

Mr. K. P. Raman Pillai: There may be a temporary depression on account of the fall in the price of rice and copra. To ask for a floating dispensary for the whole area.....

Mr. K. M. Korah: May I inform the member that before 1105 the rich agriculturists in Kuttanad were doing like this?

Mr. K. P. Raman Pillai: I am aware. We have got three dispensaries in Kuttanad, and there are qualified doctors in charge of them and we supply medicine to them. As for a dispensary in the taluk of Changanachery within Kuttanad, Changanachery is only eight miles from Pulinkunnu and it will not be difficult for anybody to go to that hospital. If one has got a dispensary within five miles radius I do not see the reason why he should have another dispensary close by.

Mr. K. M. Korah: May I know whether there is sufficient means of communication in Kuttanad?

Mr. K. P Raman Pillai: I am quite aware of that. It will be worse during cultivation season. But in every place there s this difficulty. In some cases it may be on land. For instance, n the whole tracts of Muvattupuzha and Thodupuzha, villages are ew and far between and there also we have to give medical aid.

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President : The honourable member has got only three minutes more and he has not reached at the question of bugs.

Mr. K. P. Raman Pillai : We are appointing lady doctors in all big hospitals where there is acute demand for them. But in most of the places women have very little objection to being treated by men. But certainly, wherever such sentimental objections exist we are appointing as many lady doctors as possible.

Now I come to Mr. Anirudhan's point about Alleppey. The Alleppey hospital is one of the first grade hospitals in the State. It is housed in a very old building. Government are aware of the fact that it has not got all up-to-date facilities. But it is better than the Kottayam hospital. When the new reorganisation scheme is put into effect Alleppey will have a well-equipped hospital.

Next I come to Mr. Kesavan Nair's complaints about Kattakada. It is true, Sir, that I visited Kattakada in the company of Doctor Noble. He wrote to the Surgeon-General that there are fever dispensaries in those parts. So I visited those dispensaries. There are two hospitals in that place. Both of them have more than 150 out-patients each and the Salvation Army hospital has 90 patients in addition.

Mr. Nedumangad R. Kesavan Nair: Am I to take it that it is the Surgeon-General's view that the Government hospital will also be continued ?

Mr. K. P. Raman Pillai : As matters stand at present, I am of the opinion that these two dispensaries are not too much for the place.

Now, Sir, about Mr. Kesavan Nair's complaint about the General Hospital, I have to say a few words by way of reply. When an in-patient is discharged we are taking all manner of precautions to destroy all the bugs in their cots. We put cots, etc., outside in the sun and also heat them.

Mr. Nedumangad R. Kesavan Nair : May I know how the bugs are found in such a menacingly large numbers inside the wards ?

Mr. K. P. Raman Pillai: Sir, these are imported by the patients from outside.

Mr. Nedumangad R. Kesavan Nair: Sir, I wish to hear something from the Surgeon-General about the jumping lunatics.

Mr. K. P. Raman Pillai : About the lunatics who are of a very violent nature I have to say only this much. Sir, I visited the asylum and I too saw some of those violent cases. Some of them are manifestly very violent. Some others always assume a drooping attitude

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President: The honourable member's point was that these violent types should be treated.

Mr. Nedumangad R. Kesavan Nair: I want to know whether any sort of medicine is administrated to them.

Mr. C. V. Chandrasekharan: Could they be treated and cured if they become members of the State Congress ?

Mr. Nedumangad R. Kesavan Nair: Sir, we shall not be tarnished with blackbrushes like this.

President: It was intended as a joke, but I think that it was better not to have said that. I hope no offence was meant by the honourable member.

Mr. C. V. Chandrasekharan: I did not mean any offence, Sir.

Mr. K. P. Raman Pillai: Present day treatment does not admit of the use of many depressent drugs in insanity. Treatment is mostly psychical and must be left to the discretion of the doctor. About the Chengannur dispensary being converted into a hospital, Chengannur is only 9 miles from Mavelikara and 6 miles from Tiruvalla.

President: The honourable member has exceeded his time.

The demand was then put to vote and carried and the grant was made.

DEMAND III—PUBLIC HEALTH AND SANITATION.

Dr. M. K. Gopala Pillai: Sir, I beg to move for a grant of Rs. 2,98,409 under Demand III—Public Health and Sanitation.

Mr. M. K. Ananthasiva Aiyar: Sir, I oppose the demand. My reason for opposing the demand is to bring to the notice of the Government and the Director of Public Health the urgent need of the people who live in the water-logged area of Kuttanad. The most essential thing that is required to preserve the health of the public is the supply of good drinking water which is not available in Kuttanad. The water that is being used by us for drinking purposes may be compared with the water of the Cooum river that flows through the city of Madras. The peculiarity of our rivers is that when any animal dies near the banks of the river up in the country, what the people do is to throw the carcase in the river which is taken down to our parts and they are kept in the water floating up and down according to the ebb and flow of the back-water. Further, anyone who has gone by boat from Alleppey to Changanachery might have observed a sort of small sheds on the banks projecting to the river. These are latrines of the people

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